

# An Information Service of the Division of Medical Assistance

# North Carolina Medicaid Pharmacy

# Newsletter

Number 153

December 2007

In This Issue...

Tamper-Resistant Prescription Pads for Medicaid Outpatient Prescriptions

Billing Outpatient Pharmacy Claims for Recipients with Retroactive Medicaid

North Carolina Behavioral Pharmacy Management Project

National Provider Identifier Seminars

December 2007

# **Tamper-Resistant Prescription Pads for Medicaid Outpatient Prescriptions**

Important legislation was passed by Congress in May 2007 requiring prescriptions for all Medicaid outpatient drugs to be written on tamper-resistant prescription pads by October 1, 2007. On September 29, 2007, President George W. Bush signed the Extenders Law, delaying this implementation date to April 1, 2008.

On September 6, 2007, the NC Division of Medical Assistance (DMA) published guidance regarding the use of tamper-resistant prescription pads for prescriptions written for NC Medicaid recipients. This previously issued guidance will become effective as of April 1, 2008. This guidance is available on DMA's Web site at:

http://www.dhhs.state.nc.us/dma/TamperResistantPrescriptionPads.pdf. More detailed information regarding this new requirement will be available in the January 1, 2008 North Carolina Medicaid Special Bulletin.

# Billing Outpatient Pharmacy Claims for Recipients with Retroactive Medicaid

In accordance with 10A NCAC 22J .0106(f), when a pharmacy provider elects to bill for outpatient pharmacy claims for recipients who have received retroactive Medicaid, the provider is required to refund the recipient all money paid by the recipient for the services covered by Medicaid with the exception of the co-payment amount upon receipt of the Medicaid reimbursement. The provider is to base the refund on the actual amount paid by the recipient, not the amount reimbursed by Medicaid. There is no provision to allow the pharmacy provider to charge the recipient a processing or administrative fee. Failure to comply with Federal or State Regulations, the North Carolina Medicaid Policy as well as the North Carolina Medicaid Provider Enrollment Agreement can result in sanctions, including but not limited to, termination from participation in the NC Medicaid program.

#### North Carolina Behavioral Pharmacy Management Project

The North Carolina Division of Medical Assistance continues to be engaged in a project to provide information about the behavioral medication utilization of Medicaid recipients. The project, launched in 2005, utilizes a product called Behavioral Pharmacy Management (BPM) developed by Comprehensive NeuroScienc, Inc. (CNS). CNS is an independent company with experience in evidence-based guidelines and consensus-based standards for behavioral medication prescribing. The central purpose of the project is to ensure Medicaid recipients receive the best possible care.

Each month prescribers of pharmacy claims that trigger quality improvement and safety indicators are mailed informational packets that include information based on best practice prescribing guidelines. The information serves as an alert to prescribing practices that may represent high risk to patients and/or to situations which may affect continuity and coordination of care. The intent of all information is to educate and inform.

The next level of intervention currently underway for the project is peer to peer consultation. Prescribers who do not follow best practice guidelines over extended periods of time will be targeted for consultation. Prest and Associates, an independent review organization and board certified by the American Board of Psychiatry and Neurology, will provide the telephone

December 2007

consultative services. Prest psychiatrists are specialists in psychopharmacology and nationally recognized prescription standards. Physicians contacted for consultation are encouraged to respond.

### **National Provider Identifier Seminars**

NPI seminars will be held during the month of February 2008. Seminars are intended to educate providers on NPI guidelines.

The seminar sites and dates will be announced in the January 2008 General Bulletin, <a href="http://www.ncdhhs.gov/dma/prov.htm">http://www.ncdhhs.gov/dma/prov.htm</a>. Pre-registration will be required. Due to limited seating, registration is limited to two staff members per office. Unregistered providers are welcome to attend if space is available.

NPI - Get It! Share It! Use It! Getting one is free - Not having one can be costly!

### **Checkwrite Schedule**

December 04, 2007	January 08, 2008	February 05, 2008
December 11, 2007	January 15, 2008	February 12, 2008
December 20, 2007	January 24, 2008	February 19, 2008
		February 28, 2008

# **Electronic Cut-Off Schedule**

December 06, 2007	January 03, 2008	February 07, 2008
December 13, 2007	January 10, 2008	February 14, 2008
	January 17, 2008	February 21, 2008
	January 31, 2008	•

Electronic claims must be transmitted and completed by 5:00 p.m. on the cut-off date to be included in the next checkwrite. Any claims transmitted after 5:00 p.m. will be processed on the second checkwrite following the transmission date. POS claims must be transmitted and completed by 12:00 midnight on the day prior to the electronic cut-off date to be included in the next checkwrite.

Thomas D'Andrea, R.Ph., MBA Chief, Pharmacy and Ancillary Services Division of Medical Assistance

Department of Health and Human Services

Ann Slade, R.Ph Chief, Pharmacy Review Section Division of Medical Assistance Department of Health and Human Services

Sharon Athreeson Ath

ann Kede, RPh

Lisa Weeks, PharmD, R.Ph. Outpatient Pharmacy Program Manager

Lisa Weeks frum P.A.

Division of Medical Assistance Department of Health and Human Services Sharon H. Greeson, R.Ph. Pharmacy Director

**EDS** 

William W. Lawrence, Jr., M.D.

Acting Director

Division of Medical Assistance

Department of Health and Human Services

Cheryll Collier Executive Director

hand Collier

EDS